

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

***Home Visiting Collaborative Improvement and Innovation Network:
Series 2 (HV CollN 2.0)***

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-17-102

Catalog of Federal Domestic Assistance (CFDA) No. 93.870

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: January 11, 2017

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Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

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Authority: Social Security Act, Title V, § 511(h)(3), as added by the Patient Protection and Affordable Care Act, § 2951 (P.L. 111-148) (42 U.S.C. 711(h)(3))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2017 Home Visiting Collaborative Improvement and Innovation Network: Series 2 (HV CoIIN 2.0) through the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program.

The purpose of this program is to:

- 1) Plan, manage and execute the scaling up of clinical and other interventions tested and found to be effective in different contexts within the previous HV CoIIN in alleviating maternal depression, promoting early child development as well as identifying related delays and linking families to services, increasing initiation and duration of breastfeeding, and enhancing and increasing family participation in the home visiting program,
- 2) Refine and evaluate a new set of evidence- informed change strategies using accepted evaluation methodologies, such as rapid Plan-Do-Study-Act cycles in alignment with best practices in home visiting implementation and the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program new standardized performance measurements, and
- 3) Assist MIECHV grantees¹ and local implementing agencies (LIAs) to build their capacity to utilize Continuous Quality Improvement (CQI)² as a tool for ongoing program monitoring and improvement.

¹ In this FOA, “grantees” refers to HRSA award recipients who received either a grant **or** a cooperative agreement.

² **Continuous Quality Improvement (CQI)** -- an ongoing effort to increase an organization's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

Funding Opportunity Title:	Home Visiting Collaborative Improvement and Innovation Network: Series 2 (HV CoIIN 2.0)
Funding Opportunity Number:	HRSA-17-102
Due Date for Applications:	January 11, 2017
Anticipated Total Annual Available Funding:	\$1,200,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$1,200,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2017 through August 31, 2022 (five (5) years)
Eligible Applicants:	Eligible applicants include public and nonprofit entities that engage in research and evaluation activities related to early childhood home visiting programs. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

A technical assistance webinar for this funding opportunity will be provided. You are encouraged to participate. The webinar will: (1) help prepare you to submit an application; (2) highlight key requirements; and (3) offer you an opportunity to ask questions. The webinar will be hosted on:

- Tuesday, November 22, 2016 at 12:00-2:00 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at <http://mchb.hrsa.gov/fundingopportunities/>.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the dissemination and scale up³ of the most effective practices and interventions identified under the [Home Visiting Collaborative Improvement and Innovation Network \(HV ColIN\)](#) and to research the development of specific tools and resources to advance quality improvement practices within the [Maternal, Infant and Early Childhood Home Visiting program \(MIECHV\)](#).⁴

The purpose of this program is to:

- 1) Plan, manage and execute the scaling up of clinical and other interventions tested and found to be effective in different contexts within the previous HV ColIN in alleviating maternal depression, promoting early child development as well as identifying related delays and linking families to services, increasing initiation and duration of breastfeeding, and enhancing and increasing family participation in the home visiting program,
- 2) Refine and evaluate a new set of evidence- informed change strategies using accepted evaluation methodologies, such as rapid Plan-Do-Study-Act cycles in alignment with best practices in home visiting implementation and the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program new standardized performance measurements, and
- 3) Assist MIECHV grantees⁵ and local implementing agencies (LIAs) to build their capacity to utilize Continuous Quality Improvement (CQI)⁶ as a tool for ongoing program monitoring and improvement.

³ P Barker et al: *A Framework for Scaling up Health Interventions*. 2016. This is how the authors describe the “Go to Full Scale” phase: “*This is a rapid deployment phase in which a well-tested set of interventions, supported by a reliable data feedback system, is adopted by frontline staff on a larger scale. The focus is on rapid uptake of the intervention through replication. While some adaptation of the intervention to local environments will always be required, there is less emphasis on new learning. Significant will, knowledge, experience, and well-tested infrastructural support and capacity need to be in place before moving to this phase.*”

⁴ **Collaborative Innovation and Improvement Network (ColIN)** – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work. The ColIN provides a platform for collaborative learning and quality improvement toward common measurable aims using rapid-cycle tests of change ideas. Key features include collaborative learning, identification of common measures, rapid tests of change strategies, implementation of effective changes, and the use of real-time data to drive improvement. The Home Visiting ColIN (HV ColIN) is a national collaborative to improve home visiting services and outcomes among low-income families with children 0-5 years old in key areas of public health: maternal depression, child development and breastfeeding.

⁵ In this FOA, “grantees” refers to HRSA award recipients who received either a grant **or** a cooperative agreement.

⁶ **Continuous Quality Improvement (CQI)** -- an ongoing effort to increase an organization's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

Program Requirements

Scaling Program

The purpose of the current HV ColIN is to facilitate the delivery and accelerate the improvement of home visiting and other early childhood services provided by participating Maternal, Infant and Early Childhood Home Visiting (MIECHV) program recipients, including subrecipient local implementing agencies (LIAs), to obtain more favorable results faster in specific areas such as maternal depression and child development for low-income and other at-risk families served. The HV ColIN has operated under a 4-year long cooperative agreement awarded by HRSA whose project period will end September 1, 2017.

By the end of the previously funded cooperative agreement project period, September 1, 2017, there will be available a synthesis of the experience of successful LIA teams, summarized methods and lessons learned to improve outcomes. Results from this initial ColIN will be available to inform the next generation of HV ColIN teams and provide the foundation for the final development of materials that can serve as a resource to support the spread of proven strategies to additional sites and MIECHV grantees beyond those participating in the HV ColIN, as well as for sustaining the gains in the original LIAs.

The overall aim of this scale up is to take the breakthrough performance of a small number of lead LIAs and replicate their performance across the MIECHV program more broadly.⁷ Thus, the recipient should demonstrate familiarity with the findings and technical content of the original HV ColIN that will conclude September 1, 2017 (for up-to-date information on the HV ColIN activities and outcomes, visit <http://hv-coiin.edc.org/about>). This will entail demonstrating understanding of the available playbook or toolkits for each of the four (4) HV ColIN topics: alleviating maternal depression, promoting early child development as well as identifying related delays and linking families to services, increasing initiation and duration of breastfeeding, and enhancing and increasing family participation in the home visiting program. These playbooks or toolkits include the charters, key driver diagrams⁸, change packages⁹ (with samples of documented plan-do-study-act (PDSA) cycles that have been tested to implementation within high performing LIAs), and a standardized set of measures and data collection tools for each topic, for the purpose of expansion.

Following the set-up and initial testing of interventions in a variety of local contexts undertaken by the original HV ColIN, the recipient will complete the final phase of testing the playbooks. The playbooks for the topics tested including aims for the area of concern, charter, theory of change, PDSA cycles, case studies and lessons learned

⁷ *Ibid.*

⁸ A key driver diagram depicts the relationship between the aim, the primary drivers that contribute directly to achieving the aim, and the secondary drivers (also called factors or interventions) that are necessary to achieve the primary drivers.

⁹ Illustrative change ideas included in the change package for maternal depression are: a) use of motivational interviewing techniques towards acceptance of referral by clients, b) establish a memorandum of understanding with a cadre of local mental health providers, c) establishing and implementing a follow up protocol after the home visitor makes a referral, and d) internal application by LIA staff of Mothers and Babies program for mothers not accepting referral.

from the testing of new change ideas for broader implementation by a diverse group of grantees and LIAs and will take these interventions to full scale, i.e., implementation with 25-30 MIECHV grantees and 300 to 350 LIAs.

Each of the activities described in this FOA is to be accomplished in coordination with and subject to approval by HRSA/MCHB.

The awardee will initially help identify the factors within the social environment of the local MIECHV programs that will foster scale-up of the HV ColIN best practices, and the infrastructure that is required to support scale-up.¹⁰ The awardee will then guide and facilitate up to three successive 12-18 month-long waves of participation by additional LIAs and grantees such that at the end of this 5-year cooperative agreement, 25-30 MIECHV grantees and 300 to 350 LIAs will have implemented ideas demonstrating improvement included in the change packages¹¹ developed and refined by the original HV ColIN.

The following are **aims of the scale up program**. These are based on the lessons learned from the first HV ColIN sites which have resulted in a set of desired outcomes:

- a) **Establish** the population of grantees and LIAs that will be the target of the scale up activities, the specific goals expected to be achieved and evaluated and the time frame for the effort.
- b) **Develop an initial scale up plan** that takes into account what infrastructure enhancements grantees and LIAs will need to make that will assist in achieving the scale up aim.
- c) **Execute, evaluate, and refine the plan** with CQI methods in place to obtain information from those locally involved in the scale up such that timely adjustments in the process are possible.¹²

Scale Up Activities

Successful and timely spread will require a receptive environment. Factors related to the social environment such as strong organizational leadership and effective and ongoing communication have been observed to impact successful uptake of ColIN methodologies and practices. In addition, tangible supporting systems such as data capture systems and CQI mentors are also needed for scale up.¹³ The recipient is

¹⁰ P Barker et al: *A Framework for Scaling up Health Interventions*. 2016. This is how the authors describe the "Go to Full Scale" phase: "This is a rapid deployment phase in which a well-tested set of interventions, supported by a reliable data feedback system, is adopted by frontline staff on a larger scale. The focus is on rapid uptake of the intervention through replication. While some adaptation of the intervention to local environments will always be required, there is less emphasis on new learning. Significant will, knowledge, experience, and well-tested infrastructural support and capacity need to be in place before moving to this phase."

¹¹ G Langley et al: "The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2009. "Change Packages are defined as a gathering of concepts and ideas useful for improvement in a particular context. As knowledge is built, the changes in the package are supported by evidence that suggests adaption and implementation of the changes will lead to improved results."

¹² Massoud, M., Nielsen, G., Nolan, K., Schall, M., & Sevin, C. (2006). *A Framework for Spread, From Local Improvements to System-wide Change*. Institute for Healthcare Improvement.

¹³ Barker et al: *A Framework for Scaling Up Interventions*. 2016

expected to meet the following requirements covering such adoption mechanisms and infrastructure supports.

Unless otherwise noted these activities are to be completed or established within the first year of the program.

Foundation for Scale Up

- Establish and regularly convene a **Scale Up Advisory Team** comprised of, at a minimum, of the Scale Up program Project Director, and Quality Improvement Advisor (QIA)¹⁴.
- Establish and convene a **Scale Up Steering Committee** comprised of MIECHV state, tribal and LIA staff as well as other selected members including management team or faculty members associated with the scale up program.
- Identify an **executive supporter and leader responsible for the scale up efforts**. This person should be a respected executive leader with an established platform for communication, aligned with the scale up project and willing to support it publicly.¹⁵

Leadership

- Identify MIECHV **grantee leader(s)** that will commit to developing a spread strategy. Assist these grantees in identifying a spread leader or manager and in constituting a spread team within their jurisdiction. The team might include supervisors from high performing LIAs within the grantee's jurisdiction, home visitor(s) from high performing LIAs, data manager(s), client(s), and model developers/TA leaders.

Measurement

- Develop key specific and measurable aims of the scale up effort. Two different types of aims should be considered: those that indicate the extent of the spread of the recommended changes and those related to the outcomes of the changes implemented by the new adopters.

Communication and Dissemination

- Develop a communication plan to include considerations of how to build awareness and provide information about the changes, link adopters with mentors to get answers to questions, connect LIAs for mutual support and coaching, provide feedback to new adopters, and establish accountability.
- Publicize broadly among grantees all lessons and findings about effective practice from the HV CoIN incorporated into toolkits that may include by topic an overview of pilot teams, theory of change represented by key driver diagrams, measurement systems utilized, change ideas associated with improved outcomes, case studies and run charts.

¹⁴ The **Quality Improvement Advisor (QIA)** is devoted to helping identify, plan, and execute improvement projects throughout an organization, deliver successful results, and spread changes across the entire system.

¹⁵ C J McCannon et al: *Planning for Scale: A guide for designing large-scale improvement initiatives*. Institute for Healthcare Improvement. 2008.

- Establish and implement a plan for spread¹⁶ using the Framework for Spread in all participating LIAs for at least one topic area.

Providing Training and Technical Assistance (TA)

- Provide TA and coaching on quality improvement to state or tribal participating teams (and selected local team leaders as appropriate) to build capacity for each state or tribal organization to guide and mentor local teams at the front lines.
- Establish a central information system on an internet-based platform to collect, monitor and display performance data for new adopters. Scale up progress should be tracked through a publicly available dashboard of key indicators and graphs. In addition, identify available data sources, facilitate the resolution of confidentiality issues among participants, develop and implement necessary data use and sharing agreements.
- Establish an ongoing training program or “college” for team leaders on running breakthrough series collaboratives, quality improvement skills and scale up methods. (Year 2)
- Sponsor a learning exchange system (i.e. annual national conference) on home visiting and quality improvement. (Year 3)
- Facilitate redesign of LIA processes to test and implement change strategies while supporting continued measurement and use of data by grantees and LIAs in order to maintain gains and ensure sustainability.

Outcomes desired in years 4 to 5 of the scale up phase include:

- Successful scale-up of proven practices stemming from the original HV ColIN have occurred in 25-30 MIECHV grantees and 300 to 350 participating LIAs.
- MIECHV grantees and LIAs have built the capacity to sustain and institutionalize ColIN activities and associated home visiting innovations.

Testing of New Change Packages

One of the results of the HV ColIN was to initially develop and subsequently refine discrete sets of change packages based on evidence of effectiveness and/or faculty expertise for the topics that were the target of collaborative improvement (such as maternal depression or breastfeeding). These change packages were tested, modified, and finally implemented across a small number of participating LIAs. In addition to the additional testing and modifications needed to scale up use of those change packages by a large number of grantees and LIAs, as described above, the recipient of this funding opportunity is expected to refine and test new change packages of importance to the MIECHV program.

HRSA under a separate technical assistance contract will complete the identification and initial development of a new set of change ideas and driver diagrams. These change ideas will consist of an evidence informed set of changes that are based on best practices in home visiting implementation and the MIECHV program standardized

¹⁶ [Framework for Spread -- identifies strategies and methods for planning and guiding the spread of new ideas or new operational systems, including the responsibilities of leadership, packaging the new ideas, communication, strengthening the social system, measurement and feedback, and knowledge management.](#)

performance measures. The new set of change ideas will be made available to the recipient during the planning and implementation phase of the HV ColIN 2.0 activities.

The aim of this task for the HV ColIN 2.0 recipient is to refine and test at least three to five new evidence-informed change packages based on the provided change ideas and driver diagrams over the course of the cooperative agreement. The quality of available evidence will determine if the change package to be tested for each of the selected topics can be considered an “improvement” (i.e., involving adequate evidence to support the interventions) or an “innovation” package (i.e., involving more experimentation at the local level rather than dissemination with adaptation of an already proven intervention to the local context). Focus on these topics should facilitate the adoption of a common measurement system for tracking and reporting progress among participating grantees and LIAs.

The awardee is expected to follow a methodology similar to that utilized by the original HV ColIN to refine and test change ideas (e.g., bringing together a number of teams from different settings using evaluative methodologies such as rapid cycle testing of the recommended changes using PDSA cycles and regularly sharing and utilizing data under a common measurement system to identify the interventions that result in improvement). Detailed information on these processes are available on the HV ColIN’s website at <http://hv-coiin.edc.org/>.

The following are **aims of the testing of new change packages**.

- 1) **Utilize accepted evaluation methodologies**, such as rapid Plan-Do-Study-Act Cycles to improve program outcomes,
- 2) **Continue to strengthen leadership and expertise** in continuous quality improvement (CQI) and support innovation among a cohort of MIECHV grantees and LIAs representing states/territories and tribes, and
- 3) **Facilitate the refinement and testing** of at least three to five new home visiting change program improvement and innovation topics.

The refinement and testing of new change ideas will take place Years 2-5 of this cooperative agreement. All activities should begin in **Year 2**, unless otherwise noted.

Testing of Change Package Activities

Development of Teams

The recipient is expected to:

- Establish and convene, in coordination with HRSA, as needed, an **HV ColIN 2.0 Expert Team, HV ColIN 2.0 Faculty, and a HV ColIN 2.0 Management Team**; and
- Recruit 7-10 MIECHV grantees per change topic to facilitate the participation of LIA teams in the collaborative effort to test and implement new sets of change packages.

Training and Technical Assistance

The recipient is expected to:

- Facilitate three to five topic-specific 12-18-month long CoIIN projects for corresponding cohorts of HV CoIIN 2.0 Teams (involving their MIECHV grantee). The collaborative testing of each topical change package can be completed concomitantly or sequentially. An additional phase could be added if an individual change package should need to be further refined.
- Provide training and guidance to the MIECHV grantees and LIA CoIIN Teams on:
 - the CoIIN model, processes and activities;
 - collaborative learning practices for adult learners
 - effective use of distance learning modalities and management of cyber teams;
 - QI innovation practices at state/territory, county, and community levels;
 - HV systems QI leadership competencies;
 - Identifying data sources, securing and running data, uploading and utilizing a data dashboard; and
 - the development of financial and programmatic plans for sustaining QI activities and outcome results.
- Facilitate communication across HV CoIIN 2.0 LIA Teams, and support each cohort of HV CoIIN 2.0 Teams to remain engaged in HV CoIIN 2.0 activities.
- Disseminate techniques to spread and adapt best practices across multiple communities.
- Maintain a web-based platform, in coordination with HRSA, to facilitate online collaboration and learning activities for MIECHV grantees and HV CoIIN 2.0 Teams' participants.

Quality Improvement Processes

The recipient is expected to:

- Design, deliver and facilitate the collaborative learning and QI activities using evaluative methods, such as rapid cycle testing (i.e., PDSA cycles) within the CoIIN that support breakthrough outcomes for the participating LIAs; and
- Refine as needed, and help HV CoIIN 2.0 Teams test and implement the selected change packages.

Measurement

The recipient is expected to:

- Utilize as a foundation for the identification of change topics, the new standardized MIECHV performance measures and best practices in home visiting implementation. These change packages will be developed under a separate technical assistance contract and made available to the recipient for use;

- Develop common SMART¹⁷ goals and measures with the MIECHV grantees and LIAs to reach the established HV 2 ColIN aims through the ColIN process by the end of the project period; and
- Develop and maintain an information system, in coordination with HRSA, to regularly collect periodic progress reports, analyze and display data from HV ColIN 2.0 Teams. As part of developing the information system, identify and specify measures (numerator and denominator), identify available data sources, facilitate the resolution of confidentiality issues among participants, develop and implement necessary data use and sharing agreements, and process, analyze and display data.

Communication and Dissemination

The recipient is expected to:

- Synthesize the experience within the HV ColIN 2.0 of the successes and challenges and summarize methods and lessons learned into resources such as reports or a playbook including links to data files for potential spread to other sites, in coordination with HRSA); (Year 5)
- Disseminate HV ColIN 2.0 training and methodology of best practices and breakthrough learnings achieved through communication to non-participating states/territories and other communities; (Year 5) and
- Explore other new innovative approaches, in coordination with HRSA, including engaging future initiatives and partnerships, when feasible, to support improvement in early childhood system outcomes and impact.

Outcomes desired in 4 to 5 years

- LIAs and states/territories participating in HV ColIN 2.0 adopt and sustain the new collaborative improvement and innovation interventions and practices shown to be effective such that their findings can be spread to additional LIAs and grantees.
- A new set of playbooks for the topics tested is available including aim for the area of concern, charter, theory of change, PDSA cycles, case studies and lessons learned from the testing of new change ideas through collaborative learning.

2. Background

Statutory Authority

This program is authorized by the Social Security Act, Title V, § 511(h)(3), as added by the Patient Protection and Affordable Care Act, § 2951 (P.L. 111-148) (42 U.S.C. 711(h)(3)).

As stated in the previous section, the overall purpose of the HV ColIN has been to produce faster and more consistent health and development results for families served by home visiting and other early childhood service agencies in at-risk communities

¹⁷ [SMART Goals—SMART goals are goals that are Specific, Measureable, Agreed Upon, Realistic, and Time-Based.](#)

across the country. The overall purpose of this announcement is to sustain and expand that effort.

The MIECHV program has been in existence since 2010 and as such offers a useful platform to expand collaborative quality improvement projects. Below we provide background information on the MIECHV program and the rationale for utilizing this program – rich in data and promoting CQI – as a foundation for the HV ColIN.

The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)

The Patient Protection and Affordable Care Act (Affordable Care Act or ACA) (P.L. 111-148) authorizes the MIECHV program. This program responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

All MIECHV grantees have established performance measurement plans that include standardized measures associated with each of 19 applicable constructs (such as breastfeeding, screening for depression, screening for developmental delays, primary caregiver educational attainment, etc.) to be monitored for improvement. They are required to submit to HRSA service utilization and socio-demographic as well as program performance data annually in accordance with their performance measurement plans. MIECHV demographic and benchmark performance measures can be found [here](#).

Continuous Quality Improvement

The capacity to collect valid data across a wide range of program areas on the part of individual grantees, which the MIECHV program has fostered, has created an opportunity for grantees and LIAs to have timely data available for purposes of improvement. In fact, in addition to defining performance accountability requirements, the legislation encourages the use of data-driven quality improvement methods that may result in better care and outcomes for families served. Grantees are required in this regard to submit CQI plans to HRSA on an annual basis.

The first HV ColIN brought together 35 teams from MIECHV LIAs across 10 states, two tribal entities, and one non-profit grantee to seek collaborative learning, rapid testing for improvement, and sharing of best practices to close the gap between what we know works and what we do on the ground to improve outcomes for families. This first HV ColIN was time-limited (including two phases of 12-18 months) and targeted four MIECHV program outcomes: (1) improved rates of initiation and duration of breast feeding, (2) improved screening and surveillance of developmental delays as well as the referral of clients to appropriate services, (3) improved screening, referral and service provision for maternal depression, and (4) improved family engagement (a topic for innovation which covers enrollment, frequency of visits and length of program participation). The HV ColIN established an aim for each of the four HV ColIN topics, and utilized the Model for Improvement¹⁸ which includes small tests of change (known

¹⁸ [Model for Improvement](#) -- tool for accelerating improvement. It is not meant to replace change models that organizations may already be using, but rather to accelerate improvement. The model has

as Plan-Do- Study-Act or PDSA cycles) to assist local participating agencies with testing and implementation of evidence-based or informed practices recommended by expert faculty. For each of the four collaboratives, the HV ColIN tracked individual agency and overall progress using standardized outcomes and process measures for each target area.

The HV ColIN utilized the Breakthrough Series (BTS) collaborative model. The BTS collaborative model involves topic selection, faculty recruitment, enrollment of participating organizations and teams, learning sessions, and action periods during which the participating teams in the individual collaborative use the Model for Improvement, including rapid testing, to carry out the improvement work. Since three topics were selected for improvement and one for innovation (family engagement), the HV ColIN in effect constituted four collaboratives implementing these various steps.

Beyond building new capacity at the grantee and LIA level, the HV ColIN developed a measurement system including a family of process and outcome measures for each topic. In addition, the HV ColIN developed and refined the driver diagram and the recommended changes for testing and implementation at the end of each of the two phases. The four collaboratives were carried out concurrently.

Given the successful foundation created and the impact on home visiting achieved thus far, this funding opportunity seeks to expand the learning and developments of the first HV ColIN to build similar capacity for data-driven performance improvement activities for more MIECHV grantees and their LIAs for the content areas already covered and, for new topics as well.

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement in this cooperative agreement will include the following activities:

- provide the services of experienced MCHB personnel as participants in the planning and development of the project;
- participate in all aspects of the HV ColIN scale up and related activities, including but not limited to, identifying additional topic areas for targeted improvement,

two parts: three fundamental questions, which can be addressed in any order and the Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.

reviewing, planning for the project, facilitating collaboration with MIECHV grantees and LIAs, and facilitating involvement of expert faculty and partner organizations (such as, for example, model developers);

- review aims, activities, and tools to be established and implemented to accomplish the goals of the project;
- participate, as appropriate, in regular conference calls, meetings and webinars to be conducted during the project period;
- review and edit, as appropriate, written documents developed by the awardee, including documentation of pre-work and learning sessions;
- participate with the awardee in the dissemination of project findings, best practices and lessons learned from the HV COLLIN scale-up, and in producing and jointly reviewing reports, articles, and/or presentations developed under this funding opportunity announcement.

The cooperative agreement recipient's responsibilities will include:

- adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- planning and implementation of a successful scale-up of the first *Collaborative Improvement and Innovation Network* among MIECHV grantee teams following the Breakthrough Series (BTS). Overall, activities involve utilizing the common measurements and mature change packages of interventions across the topics selected for improvement for full scale implementation across a range of contexts while adapting and anticipating challenges to scale-up;
- refinement and testing of new change packages integrated and linked to the MIECHV new performance measures as well as evidence-based home visiting implementation best practices;
- completion of activities proposed in response to application review criteria;
- participation in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement; and
- collaboration with HRSA on ongoing review of activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements.

2. Summary of Funding

Approximately \$1,200,000 is expected to be available annually to fund one (1) recipient. Eligible entities may apply for a ceiling amount of up to \$1,200,000 per year, which includes both direct **and** indirect costs. The project period is September 1, 2017 through August 31, 2022 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Maternal, Infant, and Early Childhood Home Visiting Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public and private nonprofit entities that engage in research activities related to early childhood home visiting programs..

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$1,200,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

Multiple Applications

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need**

Describe the purpose of the proposed project. Include a discussion that exhibits a solid understanding of the Breakthrough Series (BTS) Collaborative platform, the Model for Improvement, frameworks for scale including but not limited to the Institute for Healthcare Improvement (IHI)'s Framework for Spread¹⁹, principles and practices of adult learning, and the application of QI to public health settings. You should also demonstrate familiarity with the Maternal, Infant, and Early Childhood Home Visiting program generally, current publicly available Home Visiting CoIN activities and outcomes, the new MIECHV standardized performance measurement accountability requirements, as well as the more rigorous expectations regarding CQI plan development and implementation among grantees.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need**

Outline ways of assessing the needs as well as the strengths with respect to quality improvement capacity of states and territories. Describe how you will assess grantee and LIA readiness to participate in scale up activities related to the four topic areas of focus and in new collaborative efforts for additional home visiting improvement and innovation topic areas.

Data should be used and cited whenever possible to support the information provided. Clear, concrete and concise language is highly valued. Please discuss any relevant barriers that the project hopes to overcome.

- **METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response**

Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA. Primarily, a methodology for using the findings and technical content of the current HV CoIN, i.e., the "playbooks or toolkits" of the four HV CoIN topics, to take the breakthrough performance of the small minority of grantees and LIAs in HV CoIN and spread it to 300 to 350 LIAs by the end of Year 5.

Scaling Up

With the understanding that these activities are to begin in Year 1 and continue through Year 5, develop plans and timelines for how you will fulfill all of the program requirements by addressing the items listed below.

¹⁹ [Framework for Spread -- identifies strategies and methods for planning and guiding the spread of new ideas or new operational systems, including the responsibilities of leadership, packaging the new ideas, communication, strengthening the social system, measurement and feedback, and knowledge management.](#)

Foundation for Scale Up

Describe the plan for how:

- The HV CoIN 2.0 Scale Up Advisory Team will be established and convened, in coordination with HRSA, for guidance during the course of the project. Discuss the key personnel roles and responsibilities including those of the Scale Up Program Project Director and QIA;
- The Scale Up Steering Committee will be established and convened, in coordination with HRSA, for guidance during the course of the project. Discuss how the Scale Up Steering Committee members will regularly inform and advise HV Scale Up Management Team; and
- An executive supporter and leader for the scale up efforts will be identified. Describe how this person will coordinate efforts and address issues as they arise.

Leadership

Describe the plan for how:

- A MIECHV grantee leader(s) that will commit to developing a spread strategy will be identified. Describe the strategy to assist these grantees in identifying a spread leader and how to develop a spread team within their jurisdiction.

Measurement

Describe the plan for:

- Developing key specific and measureable aims of the scale-up effort. Describe how both aims that indicate the extent of the spread of the recommended changes and those related to the outcomes of the changes implemented by new adopters will be considered.

Communication and Dissemination

Describe the proposal for a communication plan that:

- Builds awareness and provides information about the recommended changes, links adopters with coaches to get answers, and connects LIAs for mutual support and coaching;
- Considers all participant roles involved in the process and anticipates messages likely to be effective for each target audience (e.g., grantee, LIA manager, supervisor, home visitor, data staff);
- Designs mechanisms whereby early adopters who have successfully implemented the changes become advocates for the intervention and mentors to their peers;
- Identifies organizations, potential developments or policies that might challenge or undermine the scale up effort;
- Identifies the forms of recognition stakeholders value. Provides the recognition, which is critical in voluntary efforts such as this one, at predictable intervals; and
- Facilitates a plan for spread in all participating LIAs for at least one topic area.

Training and Technical Assistance

Describe the plan for:

- Providing TA on quality improvement to state or tribal spread teams to achieve the capacity to guide and mentor local teams;
- Establishing a central information system to collect, monitor and display performance data. In addition, identifying available data sources, facilitating the resolution of confidentiality issues, and developing data use and sharing agreement;
- Developing an ongoing training program for team leaders on running breakthrough series collaboratives, quality improvement skills and scale up methods;
- Sponsoring a learning exchange system on home visitation and quality improvement; and
- Facilitating the redesign of LIA processes to test and implement change ideas while supporting continued measurement and use of data by grantees and LIAs to improve sustainability.

Testing of New Change Packages

With the understanding that these activities are to begin in Year 2 and continue through Year 5, develop plans and timelines for how you will fulfill all of the program requirements by addressing the items listed below.

Development of Teams

Describe the plan for how:

- The members of the HV CoIIN 2.0 Expert Team, Faculty Teams members and HV CoIIN 2.0 Management Team will be selected and the envisioned interactions among these teams; and
- 7-10 grantees per change topic will be recruited to facilitate the participation of LIA teams in collaborative efforts to test and implement new individual sets of change ideas.

Training and Technical Assistance

Describe the plan for:

- Facilitating three to five topic specific 12-18-month long CoIIN projects for corresponding cohorts of HV CoIIN 2.0 Teams (including the MIECHV grantee);
- Providing training and guidance to the MIECHV grantees and LIA CoIIN teams on:
 - the CoIIN model, processes and activities;
 - collaborative learning practices for adult learners;
 - effective use of distance learning modalities and management of cyber teams;
 - QI innovation practices at state/territory, county, and community levels;
 - HV systems QI leadership competencies;
 - identifying data sources, securing and running data, uploading and utilizing a data dashboard; and
 - developing financial and programmatic plans for sustaining QI activities and outcome results.

- Facilitating communication across HV ColIN 2.0 Teams, and support each cohort of HV ColIN 2.0 Teams to remain engaged in HV ColIN 2.0 activities. This may include: Utilizing adult learning principles and distance learning best practices in virtual or in-person learning sessions and training activities for HV ColIN 2.0 participants; conducting monthly calls/or webinars to facilitate communication across HV ColIN 2.0 Teams; and/or at least one in person national meeting of each cohort HV ColIN 2.0 Teams;
- Disseminating techniques to spread and adapt best practices across multiple communities; and
- Maintaining a web-based platform, in coordination with HRSA, to facilitate online collaboration and learning activities for MIECHV grantees and HV ColIN 2.0 Teams' participants.

Quality Improvement

Describe how:

- The HV ColIN 2.0 Teams will learn to customize the change package, apply QI techniques, develop their own innovative change ideas, share information through the collection and submission of data and PDSA cycle reports, and participate in conference calls and email listserv discussions during the action periods; and
- Assistance will be provided to the HV ColIN 2.0 Teams on defining their aim, choosing actions to accelerate improvement, testing the changes they make and tracking progress of selected measures.

Measurement

Describe how:

- The HV ColIN 2.0 Expert Team members and the HV ColIN 2.0 Faculty Team will assess any change ideas and driver diagrams developed under another technical assistance contract based on the new standardized MIECHV performance measures;
- The HV ColIN 2.0 Expert Team members and HV ColIN 2.0 Faculty Team members will support the development of SMART goals and measures to reach the HV ColIN 2.0 program aims; and
- The information system will be identified, selected, and managed. As part of developing the information system, how available data sources will be identified, facilitation of the resolution of confidentiality issues, and implementation of data use and sharing agreements will be conducted.

Communication and Dissemination

Describe how:

- Findings, documents, or other resources such as a playbook with recommendations for future sustainability of home visiting QI efforts will be produced and disseminated, in coordination with HRSA, to non-participating state/territory and tribal grantees;
- The successes and challenges of the HV ColIN 2.0 participants, lessons learned of the HV ColIN 2.0, and results of the HV ColIN 2.0 evaluation will be disseminated, in coordination with HRSA, to non-participating state/territory and tribal grantees; and
- The recipient will explore new innovative approaches, in coordination with HRSA,

including engaging future initiatives and partnerships, when feasible to support improvements in the CoIIN activities.

▪ *WORK PLAN -- Corresponds to Section V's Review Criterion(2) Response and (4) Impact*

Describe the steps that will be used to achieve each of the activities proposed for the entire project period in the Methodology section. Consider that Year 1 is devoted to scale and spread which will continue throughout the project period. The development of change packages will not take place until Year 2 and will continue through the end of the project period. Training, technical assistance, and capacity building activities will occur throughout the project period. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. Indicate the extent to which these contributors might reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served.

The work plan should closely correspond to the needs assessment and other activities described in the program narrative. The action steps are those activities that you will undertake to implement the proposed project and provide a basis for evaluating the program. The work plan must include all 5 years and be broken out by year and must include goals, objectives and action steps proposed for the entire project period.

Describe plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the proposed project activities are replicable, and the sustainability of the program beyond the federal funding.

In addition to a narrative, you may display this information in a table format that includes objectives/sub-objectives listed in measurable terms, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes (Attachment 1).

A one-page logic model is *required* (Attachment 1). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

- goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.);
- inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);

- target population (e.g., the individuals to be served);
- activities (e.g., approach, listing key intervention, if applicable);
- outputs (i.e., the direct products or deliverables of program activities); and
- outcomes (i.e., the results of a program, typically describing a change in people or systems).

See [Section VIII. Other Information](#) of this FOA for more details on logic models.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*

Discuss barriers or challenges likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve them. In particular, please address the need to adapt the methodology, the BTS Collaborative model and the Model for Improvement spread framework and Full Scale Up phase which have predominantly applied to health care over the last couple of decades, but less so to the field of community-based prevention and promotion services, in this case, voluntary home visiting and early childhood services to enhance health and development for parents and young children.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion (3) Evaluative Measures and (5) Resources/Capabilities*

You must describe the plan for the performance evaluation of the HV CoIIN 2.0 and scale up activities. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. The program performance evaluation should include the results of the HV CoIIN 2.0 collaboratives in testing new change packages and the scale up efforts.

You must propose an implementation evaluation that will be consistent with CQI principles with regards to the management of the project. The implementation evaluation should include appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project, including a description of data collection, sampling strategies (if appropriate), timeline, and data analysis. Describe how evaluation data and findings will be used to support CQI activities in the field, including how program weaknesses will be identified and processes will be modified to support continuous improvement in project performance. You must describe any potential obstacles anticipated for planning and executing the implementation evaluation and how those obstacles will be addressed.

List the goals or questions to answer through this project and potential process and outcome measures to track its performance. Describe the methods and tools that

will be used to collect data to track the progress of the project (this may be incorporated as an attachment).

Discuss the strength and effectiveness of the method proposed to monitor and evaluate the project's progress and results over time, for the project as a whole as well as for individual participating MIECHV grantees and LIAs. For instance, with respect to the scale up effort, what sorts of process and outcome measures will show attainment of program objectives. Specifically, measures should demonstrate a) the spread of the changes (e.g., the percentage of LIAs within a state that have implemented the "bundle" of change ideas within a pre-defined time frame such as 12 months after the start of scale up) and b) the extent to which LIAs have met their SMART aims for improvement after implementing the recommended change ideas.

Evaluation of awardee performance:

- HV ColIN 2.0 scale up establishment of Advisory Team, Scale Up Steering Committee, executive supporter, executive leader, and participating MIECHV grantee and LIA Teams.
- Development of specific and measurable indicators for the scale up effort around the four HV ColIN topic areas.
- Attainment of SMART AIMS for scale up effort.
- ColIN establishment of Management Team, Faculty Team, Expert Team, and participating HV ColIN 2.0 Teams.
- First version of technical content (charter, change package, shared measures completed). Refined charter, change package.
- Number of learning sessions and/or monthly calls.
- Collection of successful PDSA tests.
- 75 percent of participating grantees and LIA HV ColIN 2.0 teams reporting data and tests of change.
- Attainment of SMART Aims of collaborative as defined.
- Establishment of a tracking and feedback system to report on process and outcome data.
- Data analyzed and displayed as new data is reported.
- Design of web-based platform to track the adoption of changes over time.
- Numbers of trainings provided to grantee and new LIAs on collaborative learning practices.
- A learning exchange system is developed.

You must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. You must describe current experience, skills, and knowledge to evaluation and performance measurement, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and

explain how the data will be used to inform program development and service delivery.

You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

Organizational Resources

Describe your

- capability to carry out scale-up activities as the final phase in a collaborative learning process involving large numbers of grantees, LIAs and early childhood partners utilizing appropriate technology and methods;
- capability to carry out collaborative and learning activities involving large groups of grantee/LIA Teams' utilizing not only in-person approaches but also virtual technologies;
- history, current mission and structure, scope of current activities, and organizational chart, and describe how these all contribute to the ability of the organization to carry out the requirements and to meet project's expectations;
- partners/collaborators, if applicable, as it relates to this type of activity and how they will enhance your ability to accomplish proposed project;
- experience in developing and disseminating informational materials and providing training on the quality improvement process; and
- experience with any past performance managing federal awards at the national level.

Personnel capabilities

Describe the project personnel capabilities:

- expertise that is available within core staff and not through consultants on maternal and child health and early childhood systems;
- expertise of staff as it relates to the topics and scope of work proposed;
- how the Scale Up Management Team members were identified and selected;
- how the Scale Up Steering Committee were identified and selected;
- how the HV ColIN 2.0 Project Director or Co-Directors was/were identified and selected;
- if needed beyond the Scale Up Team, how the HV ColIN 2.0 Expert Team members will be identified and selected;
- if needed beyond the Scale Up Team, how the HV ColIN 2.0 Faculty Team member Subject Matter Experts (SME) will be identified and selected. The SMEs must be identified within 90 days of award;
- If needed beyond the Scale Up Team, how the HV ColIN 2.0 Faculty Team Chair were/will be identified and selected; and

- how the QIA was/will be identified and selected.

Pay particular attention to the selection of a Faculty Team Chair and a QIA since these roles are critical to the success of the collaborative.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113), as it does not use funds appropriated by this law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Home Visiting Collaborative Improvement and Innovation Network: Series 2 (HV CoIIN 2.0)

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in Section "VI. Award Administration Information" of this FOA.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application.

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan and Logic Model

Attach the work plan for the project that includes all information detailed in Section IV. 2. ii. Project Narrative. You must also include a logic model. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the linkages among program elements.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: For Multi-Year Budgets--Fifth Year Budget (NOT counted in page limit) After using columns (1) through (4) of the SF-424A Section B for a 5 year project period, you will need to submit the budget for Year 5 as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 7: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Application Guide*](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *January 11, 2017 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [*SF-424 Application Guide*](#) for additional information.

5. Intergovernmental Review

The Home Visiting Collaborative Improvement and Innovation Network: Series 2 is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a project period of up to 5 years, at no more than \$1,200,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes: Use of MIECHV grant funding is subject to limitations on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.²⁰

No more than 10 percent of the award amount may be spent on administrative expenditures. This 10 percent cap does not apply to approved Indirect Cost Rate/Agreement.

Note: The 10 percent cap on administrative expenditures does not flow down to sub-recipients. This is not a cap on the negotiated indirect cost rate. Administrative costs related to programmatic activities are not subject to the 10% limitation.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) do not apply to this program, as it does not use funds appropriate by this law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities.

²⁰ Social Security Act, Title V, Section 511(i)(2)(C)

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The HV CoIIN 2.0 has six (6) review criteria:

Criterion 1: NEED (7 points total) – Corresponds to Section IV's Introduction and Needs Assessment

INTRODUCTION

The extent to which the application demonstrates a clear understanding of:

- the "Purpose" included in the program description;
- the need and contributing factors for successful QI activities and spread among MIECHV grantees and LIAs;
- the Breakthrough Series(BTS) Collaborative platform, the Model Improvement including rapid testing with PDSA cycles, Frameworks for scale up including but not limited to the Institute for healthcare Improvement's (IHI) frameworks for spread;
- the Breakthrough Series(BTS) Collaborative platform and Model Improvement, Institute for healthcare Improvement (IHI) model for Full Scale Up and the Framework for Spread;
- Maternal, Infant, and Early Childhood Home Visiting program(MIECHV) and current publicly accessible HV CoIIN aims, resources, activities and outcomes;
- the new MIECHV standardized performance measurement and accountability requirements; and
- MIECHV current requirements for continuous quality improvement for grantees.

NEEDS ASSESSMENT

The extent to which the application demonstrates an understanding of:

- ways of assessing the needs and strengths of MIECHV grantees and participating LIAs with respect to quality improvement capacity; and
- how an assessment will be conducted of the specific readiness of grantees and LIAs to participate in both collaborative learning and HVscaleuup activities.

Criterion 2: RESPONSE (49 points total) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

METHODOLOGY(35 points of the total 49 Response points)

Foundation for Scale Up

The extent to which the application addresses how:

- the HV Scale Up Advisory Team and Scale Up Steering Committee will be utilized and consulted for guidance during the course of the project;
- the Scale Up Steering Committee will regularly inform and advise the HV Scale Up Advisory Team;
- an executive supporter and day-to day leader will be identified and work to coordinate efforts and address issues as they arise;

Leadership

The extent to which the application addresses how:

- MIECHV grantee leader(s) that will commit to developing a spread strategy will be identified and recruited to support and participate in the scale up effort.

Measurement

The extent to which the applicant addresses how:

- key specific and measureable aims of the scale-up effort will be developed. Describe how both aims that indicate the extent of the spread of the recommended changes and those related to the outcomes of the changes implemented by new adopters will be considered.

Communication and Dissemination

The extent to which the application addresses how a communication plan will be developed that:

- builds awareness and provides information about the recommended changes, links adopters with coaches, and connects LIAs for mutual support and coaching;
- Considers all participant roles involved in the process and anticipates messages likely to be effective for each target audience (e.g., grantee, LIA manager, supervisor, home visitor, data staff);
- Designs mechanisms whereby early adopters who have successfully implemented the changes become advocates for the intervention and mentors to their peers;
- Identifies organizations, potential developments or policies that might challenge or undermine the scale up effort;
- Identifies the forms of recognition stakeholders value. Provides the recognition, which is critical in voluntary efforts such as this one, at predictable intervals; and
- Facilitates a plan for spread in all participating LIAs for at least one topic area.

Training and Technical Assistance

The extent to which the application addresses how:

- assistance will be provided on quality improvement to state, tribal spread teams to achieve the capacity to guide and mentor local teams;
- a training program for team leaders on running breakthrough series collaboratives, quality improvement skills and scale up methods will be developed;
- a learning exchange system on home visitation and quality improvement will be established; and
- LIA redesign of processes to test and implement change and the continued collection of data will be used to improve sustainability.

Testing of New Change Packages

Development of Teams

The extent to which the application addresses how:

- the HV ColIN 2.0 Expert, Faculty and Management Teams will interact and conceptualize the recruitment of local teams to test the new change packages while managing the Scale-up effort.

Training and Technical Assistance

The extent to which the application describes a plan for:

- Facilitating three to five topic specific 12-18-month long ColIN projects for corresponding cohorts of HV ColIN 2.0 local Teams (including the related MIECHV grantees).
- Providing training and guidance to the MIECHV grantees and LIA ColIN teams on:
 - the ColIN model, processes and activities;
 - collaborative learning practices for adult learners;
 - effective use of distance learning modalities and management of cyber teams;
 - QI innovation practices at state/territory, county, and community levels;
 - HV systems QI leadership competencies;
 - developing financial and programmatic plans for sustaining QI activities and outcome results;
- Facilitating communication across HV ColIN 2.0 Teams, and support each cohort of HV ColIN 2.0 Teams to remain engaged in HV ColIN 2.0 activities. This may include: Utilizing adult learning principles and distance learning best practices in virtual or in-person learning sessions and training activities for HV ColIN 2.0 participants; conducting monthly calls/or webinars to facilitate communication across HV ColIN 2.0 Teams; and/or at least one in person national meeting of each cohort HV ColIN 2.0 Teams;
- Disseminating techniques to spread and adapt best practices across multiple communities; and

- Maintaining a web-based platform, in coordination with HRSA, to facilitate online collaboration and learning activities for MIECHV grantees and HV ColIN 2.0 Teams' participants.

Quality Improvement

The extent to which the application addresses:

- how the HV ColIN2.0Teams will learn to customize the change package, apply QI techniques, develop their own innovative change ideas, share information through the collection and submission of data and PDSA cycle reports, and participate in conference calls and email listserv discussions during the action periods; and assistance that will be provided to the HV ColIN2.0Teams on defining their aim, choosing actions to accelerate improvement, testing the changes they make and tracking progress of selected measures.

Measurement

The extent to which the application addresses how:

- the HV ColIN 2.0Expert Team members and the HV ColIN 2.0Faculty Team will assess any change ideas and drivers diagram developed under another technical assistance contract based on the new standardized MIECHV performance measures;
- contract based on the new standardized MIECHV performance measures;
- the HV ColIN 2.0 Expert Team members and HV ColIN 2.0 Faculty Team members will support the development of SMART goals and measures to reach the HV ColIN 2.0program aims; and
- the information system will be identified, selected, and managed.

Communication and Dissemination

The extent to which the application addresses how the following will be produced and disseminated:

- Findings, documents, or other resources such as a “playbook” with recommendations corresponding to the new change packages based on testing results will be produced and disseminated, in coordination with HRSA, to non-participating state/territory and tribal grantees. The successes and challenges of the HV ColIN 2.0 participants, lessons learned of the HV ColIN 2.0, and results of the HV ColIN 2.0 evaluation will be disseminated, in coordination with HRSA, to non-participating state/territory and tribal grantees; and
- The recipient will explore new innovative approaches, in coordination with HRSA, including engaging future initiatives and partnerships, when feasible to support improvements in the ColIN activities.

WORK PLAN (7 points of the total 49 Response points)

The extent to which the application includes:

- the steps that will be used to achieve each of the activities proposed for the entire project period;
- a timeline that includes each activity and identifies responsible staff;

- identified meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities; including the extent to which these contributors might reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served;
- a work plan which closely corresponds to the needs assessment and other activities described in the program narrative, is broken out by year and includes goals, objectives/sub-objectives listed in measurable terms, action steps, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes; and
- a one-page logic model.

RESOLUTION OF CHALLENGES (7 points of the total 49 Response points)

The extent to which the application addresses and demonstrates an understanding of:

- the barriers or challenges likely to be encountered in designing and implementing the activities described in the work plan;
- the approaches that will be used to resolve identified barriers or challenges; and
- the need to adapt the methodology selected for improvement and innovation to the field of community-based prevention and promotion services, particularly in areas for which evidence for effective interventions is limited.

Criterion 3: EVALUATIVE MEASURES (10 points total) – Corresponds to Section IV's Evaluation and Technical Support Capacity

EVALUATION (5 points of the total 10 Evaluative Measures points)

The extent to which the application addresses:

- the plan for the performance evaluation of the HV CoIN 2.0 scale up and Collaborative activities to monitor ongoing processes, the progress towards the goals and objectives of the project; the plan for the performance evaluation includes descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities;
- the plan for the performance evaluation measures the results of the Collaborative learning effort for the scale up phase and testing of new change ideas;
- an implementation evaluation that includes appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project, including a description of data collection, sampling strategies (if appropriate), timeline, and data analysis;
- how evaluation data and findings will be used to support CQI activities with respect to project management, including how program weaknesses will be identified and processes will be modified to support continuous improvement;
- any potential obstacles anticipated for planning and executing the implementation evaluation and how those obstacles will be addressed;
- the goals or questions to answer through this project and potential process and outcome measures to track its performance;
- the methods and tools that will be used to collect data to track the progress of the project (this may be incorporated as an attachment);

- the strength and effectiveness of the method proposed to monitor and evaluate the project's progress and results over time, for the project as a whole as well as for individual participating recipients, grantees and LIAs; and
- the extent to which the process and outcome measures will demonstrate the achievement of program objectives as a result of the new collaborative learning with respect to the scale up effort and the testing and implementation of the new change packages.

TECHNICAL SUPPORT CAPACITY (5 points of the total 10 Evaluative Measures points)

The extent to which the application describes:

- the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes;
- how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes;
- current experience, skills, and knowledge of evaluation and performance measurement, including individuals on staff, materials published, and previous work of a similar nature;
- a defined data collection strategy including the collection, analysis, and tracking of data to measure process and impact/outcomes; and
- how data will inform program development and service delivery.

Criterion 4: IMPACT (7 points total) – Corresponds to Section IV's Work Plan

The extent to which the applicant describes:

- the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding;
- for previously funded awardees, a brief summary of accomplishments directly related to progress made in attaining goals and objectives related to HV CollN activities (Summary Progress Report – Attachment 8); and
- for new applicants, brief summary of how goals and objectives relating to new CollN activities would be achieved and maintained.

Criterion 5: RESOURCES/CAPABILITIES (20 points Total) – Corresponds to Section IV's Organizational Resources:

Resources (10 points of the total 20 points for Resources/Capabilities)

The extent to which the applicant describes:

- its capability to carry out scale up activities as the final phase in a collaborative learning process involving large numbers of grantees, LIAs and early childhood partners utilizing appropriate technology and methods; capability to carry out collaborative and learning activities involving large groups of grantee/LIA Teams' utilizing not only in-person approaches but also virtual technologies;
- its organizational history, current mission and structure, scope of current activities, and organizational chart, and how these all contribute to the ability of the organization to carry out the requirements of this funding announcement and

to meet project's expectations;

- the history and mission of the applicant's partners/collaborators, if applicable, as it relates to this type of activity; experience in developing and disseminating informational materials and providing training on the quality improvement process;
- experience with any past performance managing federal awards at the national level;
- collaborative efforts with other pertinent agencies that enhance the applicant's ability to accomplish proposed project.

Personnel Capabilities: (10 points of the total 20 points for Resources/Capabilities)

The extent to which the applicant describes:

- expertise that is available within core staff on maternal and child health and early childhood systems;
- expertise of staff and team members as it relates to the topics and scope of work proposed;
- how the following teams and members will be identified and selected:
 - Scale Up Advisory Team;
 - HV CollN 2.0 Project Director or Co-Directors; HV CollN 2.0 Expert Team members; HV CollN 2.0 Faculty Team Subject Matter Experts; (HV CollN 2.0 Faculty Team Chair; and
 - QIA was/will be identified and selected.

Criterion 6: SUPPORT REQUESTED (7 points total) – Corresponds to Section IV's Budget Justification Narrative

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

Human Subjects Protection:

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from recipients as part of its Discretionary Grant Information System (DGIS). The new performance measures reflect MCHB's strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Collectively, these data communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The MCHB Project Officer will assign a subset of measures relevant to the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data.

The new reporting package can be reviewed at:

http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures. For successful competing continuation awards, recipients will report on their previous year activities (defined as those completed before October 1, 2016) using the forms and measures in DGIS as assigned in the previous FOA.

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

a) Performance Measures and Program Data for the MIECHV program and Submission of Administrative Data

For Programs without Assigned Measures

After the NoA is released, the MCHB Project Officer will inform recipients of the administrative forms and performances measures they must report.

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the project period. Recipients will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement

summary data as well as final indicators/scores for the performance measures.

4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Janene Dyson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N190A
Rockville, MD 20857
Telephone: (301) 443-8325
Fax: (301) 594-4073
E-mail: JDyson@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Monique Fountain Hanna
Senior Regional Medical Consultant, DVHECS
Attn: Home Visiting Collaborative Improvement and Innovation Network: Series 2 (HV CoIIN 2.0)
Maternal and Child Health Bureau
Health Resources and Services Administration
150 South Independence Mall West, Suite 1172
Philadelphia, PA 19106
Telephone: (215) 861-4394
Fax: (215) 861-4393
E-mail: MFountain@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: <http://www.cdc.gov/eval/resources/>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

A technical assistance webinar for this funding opportunity will be provided. You are encouraged to participate. The webinar will: (1) help prepare you to submit an application; (2) highlight key requirements; and (3) offer you an opportunity to ask questions. The webinar will be hosted on:

- Tuesday, November 22, 2016 at 12:00-2:00 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at <http://mchb.hrsa.gov/fundingopportunities/>.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

APPENDIX: Glossary of Selected Terms

Breakthrough Strategy (BTS) – an improvement approach that relies on the spread and adaptation of existing knowledge to multiple settings to accomplish a common aim. “Institute for Healthcare Improvement”. 2003.

<http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx>

Change Idea or Concept – is one for which there is an identified gap between science and practice, examples of best practices exist, and a good business case exists for the topic.

Change Package – are defined as a gathering of concepts and ideas useful for improvement in a particular context. As knowledge is built, the changes in the package are supported by evidence that suggests adaption and implementation of the changes will lead to improved results.²¹

Collaborative Innovation and Improvement Network (ColIN) – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.²² The ColIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, identification of common benchmarks, implementation of coordinated strategies, and rapid tests of change, and the use of real-time data to drive real-time improvement.

Continuous Quality Improvement (CQI) – an ongoing effort to increase an agency’s approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. Source: HRSA

<http://www.hrsa.gov/quality/toolbox/methodology/developingandimplementingaqiplan/part4.html>).

Data dashboard – A visual representation of data that helps people identify correlations, trends, outliers (anomalies), patterns, and business conditions. A dashboard is a visual display of the most important information needed to achieve one or more objectives, consolidated and arranged on a single screen so the information can be monitored at a glance. (Source: Derived from

<http://www.dashboardinsight.com/articles/digital-dashboards/fundamentals/what-is-a-dashboard.aspx>)

²¹ G Langley, The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 119.

²² Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.

Driver Diagram – Key driver diagram depicts the relationship between the aim, the primary drivers that contribute directly to achieving the aim, and the secondary drivers (also called factors or interventions) that are necessary to achieve the primary drivers.

Framework for Spread – The Framework for Spread identifies strategies and methods for planning and guiding the spread of new ideas or new operational systems, including the responsibilities of leadership, packaging the new ideas, communication, strengthening the social system, measurement and feedback, and knowledge management. Source:

<http://www.ihl.org/resources/pages/ihlwhitepapers/aframeworkforspreadwhitepaper.aspx>²³

Model for Improvement – The Model for Improvement, developed by [Associates in Process Improvement](#), is a simple yet powerful tool for accelerating improvement. The model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement. This model has been used very successfully by hundreds of health care organizations in many countries to improve many different health care processes and outcomes. The model has two parts:

- Three fundamental questions, which can be addressed in any order.
 - What are we trying to accomplish?
 - How will we know that a change is an improvement?
 - What change can we make that will result in improvement?
- The Plan-Do-Study-Act (PDSA) cycle** to test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.

Source: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>²⁴

Plan-Do-Study-Act (PDSA) Cycle – Once a team has set an aim, established its membership, and developed measures to determine whether a change leads to an improvement, the next step is to test a change in the real work setting. The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning. Source derived from:
<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

Quality Improvement Advisor – The Quality Improvement Advisor (QIA) is devoted to helping identify, plan, and execute improvement projects throughout an organization, deliver successful results, and spread changes across the entire system. Source:
<http://www.ihl.org/education/inpersontraining/improvementadvisor/2015februaryimprovementadvisor/Pages/default.aspx>

²³ Massoud, M., Nielsen, G., Nolan, K., Schall, M., & Sevin, C. (2006). A Framework for Spread, From Local Improvements to System-wide Change. *Institute for Healthcare Improvement*.

²⁴ Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

Requirements of the Scale Up Program – Successful and timely spread will not occur in an unreceptive environment. The existence of a new, better practice is not sufficient to guarantee its dissemination. Five factors related to the social environment have been identified affecting adoption: better ideas, leadership, communication, policy, and a culture of urgency and persistence. In addition to these psychological and social factors that foster or hinder adoption, tangible supporting systems are also needed for scale up. This supporting infrastructure includes human capability, additional resources (e.g., data capture systems, quality improvement mentors), data collection and reporting systems, learning systems (e.g., a playbook for each topic with a bundle of proven change ideas), interventions for sustainability.²⁵

²⁵ Barker, P., Reid, A., & Schall, M (2016). A Framework for Scaling up Health Interventions: lessons from large-scale improvement initiatives in Africa. *Implementation Science*, 11(12).